

**U.S. DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS
ATTORNEY APPEARANCE FORM**

NOTE: In order to appear before this Court an attorney must either be a member in good standing of this Court's general bar or be granted leave to appear *pro hac vice* as provided for by Local Rules 83.12 through 83.14.

In the Matter of

Case Number: 08-cv-4049

GOYKE HEALTH CENTER, P.C., Individually and as the
representative of a Class similarly-situated persons,

v.

MIDWEST WASTE SERVICES, LLC

AN APPEARANCE IS HEREBY FILED BY THE UNDERSIGNED AS ATTORNEY FOR:
GOYKE HEALTH CENTER, P.C., on behalf of itself and those similarly situated.

NAME (Type or print) Janice L. Morrison	
SIGNATURE (Use electronic signature if the appearance form is filed electronically) s/ Janice L. Morrison	
FIRM DiTommaso-Lubin, P.C.	
STREET ADDRESS 17W 220 22nd Street, Suite 200	
CITY/STATE/ZIP Oakbrook Terrace, Illinois 60181	
ID NUMBER (SEE ITEM 3 IN INSTRUCTIONS) 6291830	TELEPHONE NUMBER 630-333-0000
ARE YOU ACTING AS LEAD COUNSEL IN THIS CASE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ARE YOU ACTING AS LOCAL COUNSEL IN THIS CASE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ARE YOU A MEMBER OF THIS COURT'S TRIAL BAR? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IF THIS CASE REACHES TRIAL, WILL YOU ACT AS THE TRIAL ATTORNEY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IF THIS IS A CRIMINAL CASE, CHECK THE BOX BELOW THAT DESCRIBES YOUR STATUS. RETAINED COUNSEL <input type="checkbox"/> APPOINTED COUNSEL <input type="checkbox"/>	